DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OSSEO MEDICAL CENTER INC- MAYO HEALTH SYST (0010275)

Address: 13025 EIGHTH STREET, OSSEO, WI 54758

License Status: REGULAR

Licensed/Certified/Registered 03/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History			
Survey ID: 0096351	End Date: 02/07/2006	Type: ABBREVIATED	Purpose: SURVEY
Results: LICENSE/CERT/REGISTRATION ISSUED			
Survey ID: 0094115	End Date: 02/11/2005	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			
Survey ID: 0092062	End Date: 03/03/2004	Type: STANDARD	Purpose: SURVEY
Results: NO STATEMENT OF DEFICIENCY ISSUED			

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